



Demand surges for translators at medical facilities

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By Elizabeth Weise, USA TODAY

SAN FRANCISCO — Once upon a time, when a patient walked into the San Francisco General Hospital emergency room speaking a language no one there knew, the staff headed for the Yellow Pages.

"We used to call restaurants," says Alan Gelb, chief of the hospital's emergency department. "If we had an Ethiopian patient, we'd look in the Yellow Pages and find an Ethiopian restaurant and get them to interpret over the phone."

Today, doctors at "the General" have access to interpreters who work in 31 languages, including nine Chinese dialects and five Filipino ones. And when a patient shows up speaking yet another language, they call a telephone language service that works 24 hours a day in 130 languages.

But while interpretation has gotten better, the need is growing even faster. By 2004, the number of U.S. residents who speak a language other than English at home grew to almost 50 million, 19% of U.S. residents. And there were 22 million residents that year with limited English proficiency.

Very few states even have interpreter-certification programs, says Maria Michalczyk, former co-chairwoman of the National Council on Interpreting in Health Care.

That's resulting in higher costs and worse medical care, says Glenn Flores, a professor of pediatrics at the Medical College of Wisconsin-Milwaukee. His analysis of language barriers to health care in the USA appears in today's *New England Journal of Medicine*.

Making do with semi-fluent medical personnel can lead to trouble. Oncologist Arturo Molina remembers one incident from his tenure at City of Hope cancer center near Los Angeles.

A frantic colleague called Molina, who is fluent in Spanish and English, to ask him to talk to a patient who was about to have a bone-marrow transplant. The procedure makes the patient sterile, so the doctor had tried to explain that she could freeze the patient's semen to preserve his fertility after the cancer was cured.

But the physician's Spanish was limited. "What (the patient) heard was that they were going to freeze his testicles," says Molina, who calmed the patient down.

Having family members translate can be problematic. In California, Assemblyman Leland Yee has proposed a bill to prohibit children under 15 from being required to translate for their parents

Yee, who grew up in San Francisco's Chinatown, was called upon to translate for his mother at the doctor's office when he was 6 years old. "You were never sure as to what you were translating was accurate. And the doctor never knew. And my mother never knew, so it was all up to me," he says.

"It's probably one of the worst situations you can put a child in and one of the worst situations you can create clinically in terms of getting good treatment," Flores says. Children don't understand the terminology and don't want to admit when they're scared or don't understand the question, he

says.

Spanish speakers make up about two-thirds of the U.S. residents who speak another language at home, Flores says. But less common languages can pop up as international crises bring in new refugee groups or as older populations shift.

In Washington, Oregon, California and Minnesota, large Hmong communities exist. The Hmong are a hill tribe from Laos who came to the USA after the Vietnam War ended.

In San Francisco, Geld says he has seen an influx of Mongolian speakers. Berkeley, Calif., has a big Tibetan community.

Michigan has a growing group of Somali refugees, who speak Bantu and Maay. Lexington, Ky., has a small Arabic community, and in Oregon, a colony of Old Believer Russians numbering in the thousands speak an archaic Russian dialect, Michalczyk says.

But the need for translators is hitting hardest in communities that have up until now been entirely English-speaking. "A lot of rural communities have never seen that kind of diversity. Tennessee and North Carolina — they're seeing really high growth rates of Latino populations. That really brings the issue to the fore," Flores says.

Federal rules require that any medical provider receiving Medicaid or Medicare offer interpreters. But in general, the rules have not been enforced, Flores says. Forty-three states have one or more laws about language access in health care, up from 40 in 2003, according to a survey by the National Health Law Program. But while some laws are detailed, others say only that access is important.

Some have suggested that people who come to the USA to live should simply learn English, says Wilma Alvarado-Little, co-chairwoman of the National Council on Interpreting in Health Care.

But foreign-born patients who otherwise do fine speaking English may need help in an emergency room because they're too worried and lack the vocabulary, she says.

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